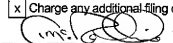


<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 3888-0110PUS1	
Application No. 10/541,072-Conf. #4138	Filing Date May 15, 2006	Examiner E. A. Robinson	Art Unit 1794	
Applicant(s): Valerie LEJEUNE et al.				
Invention: SHEET WITH IRIDESCENT APPEARANCE AND METHOD FOR THE PRODUCTION THEREOF				
<b>MS RCE</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
<b>Total Claims</b>	24	- 24 =	x	
<b>Independent Claims</b>	2	- 3 =	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
<b>Other fee (please specify):</b> Request for continued examination (RCE) (see 37 CFR 1.114); Extension for response within third month				1,860.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				1,860.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,860.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
			Dated: <u>SEP 04 2008</u>	
Paul C. Lewis Attorney Reg. No.: 43,368  BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000				

*Effective on 12/08/2004.*  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

**FEE TRANSMITTAL**  
For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	1,860.00
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**Complete if Known**

Application Number	10/541,072-Conf. #4138
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Filing Date	May 15, 2006
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First Named Inventor	Valerie LEJEUNE
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Examiner Name	E. A. Robinson
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Art Unit	1794
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Attorney Docket No.	3888-0110PUS1
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**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	02-2448	Deposit Account Name:	Birch, Stewart, Kolasch & Birch, LLP
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

**x** Charge fee(s) Indicated below

☐ Charge fee(s) indicated below, except for the filing fee

<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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☒ Credit any overpayments

### FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
24	24	0	0

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	3	X	100

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

**Non-English Specification, \$130 fee (no small entity discount)**

Other (e.g., late filing surcharge):	1801 Request for continued examination (RCE) (see 37 ...	810.00
	1253 Extension for response within third month	1,050.00

SUBMITTED BY

Signature \_\_\_\_\_

Name (Print/Type)

Paul C. Lewis

Registration No.  
(Attorney/Agent)

43 368

Telephone (703) 205-8000

Date SEP 04 2008